

Support HB 4073

Make Insulin Affordable

A vial of insulin in 1996 had a list price of \$21.

Today, that same bottle of insulin has a list price of over \$300.

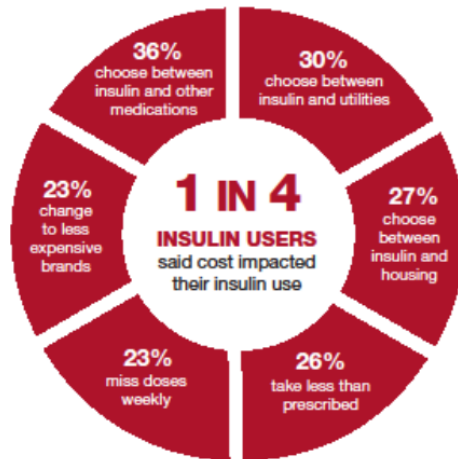
What's the problem?

Access to insulin is a matter of **LIFE AND DEATH.**



Of the 30 million Americans with diabetes, about 7 million use insulin

40% of insulin users reported that their insulin costs have increased in a year



“The thing is, as diabetics, we make life and death choices almost every day of our lives... **being able to buy insulin shouldn't be one of them.**”

—C.B.
Croton on Hudson, NY



More than half of people impacted by cost had at least one recent visit to the ER



Rising costs make insulin users feel **worried, stressed, anxious and hopeless**

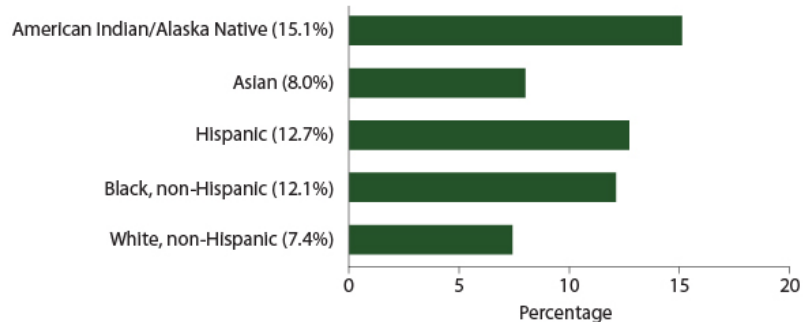
“I can't count the number of days that I have gone without eating so that we could afford the insulin that my wife and son need to live... **going hungry was the only option.**”

—J.K.
Camden, NC

- Diabetes is the leading cause of kidney disease.
- **Racial and ethnic minorities** have a higher burden of diabetes, worse diabetes control and are more likely to experience complications
- For example, among Hispanics, the death rate from diabetes is 50% higher than for non-Hispanic whites.



Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2013-2015
2017 Diabetes Report Card



Why we need this bill?

The CDC has found over 43% of Americans having a high deductible health plan (The American Journal of Managed Care).

Without it, people with diabetes die, and very quickly. People with diabetes also require on: averaging 2-4 vials per month. So when deductibles are high, people, even with insurance, end up paying upwards of \$1200 per month simply to live, or they're rationing their meds, which leads to deadly complications and high costs to the state.

Will premiums go up as a result?

No. Studies have shown that limiting out-of-pocket cost-sharing for insulin may increase premiums by less than \$1 per year. Any potential increase in premiums are expected to be offset by the decreased out-of-pocket costs. A similar insulin cost-sharing cap was implemented in Colorado with “negligible” impact on health plans.

Cost of Rationing Insulin

Many of the medical expenditures related to diabetes are from hospitalizations due to complications of diabetes, including heart disease. These costs increase when insulin is rationed.

There were 4,397 hospitalizations in Oregon primarily caused by diabetes in 2012, with an average cost of nearly \$10,000.

In 2012 the cost of diabetes related hospitalizations in Oregon was nearly \$44 million.

By 2017 the cost of diabetes related hospitalizations in Oregon was \$73.9 million.